| t)c | uder the Papenw | yk Reduction Act o | ı(1995 no | Det | 1 200 | 3 | .6. Patent and T | | | igh 7/31/2006. O | |
|----------------------------------|---|---|---|---|------------------|-----|--------------------|------------------------|-----|--------------------|------------------------|
| | PAT | ENT APPLIC | as it displays a valid OMB control number. Application or Docket Number 10-7672/6 | | | | | | | | |
| | | CLAIMS AS | FILED | | lumn 2) | | SMALL I | ENTITY | OR | | R THAN ENTITY |
| FOR NUMBER FILED NUMBER EXTRA | | | | | RATE | FEE | | RATE | FEE | | |
| | IC FEE CFR 1.16(a)) | | | | | | | 385 | OR | | . 9 |
| TOTAL CLAIMS (37 CFR 1.16(c)) | | 26 | minus 20 | | | | x \$= | | OR | X \$_ = | 7 |
| | EPENDENT CLAI | MS 3 | minus : | , | | | X \$ = | | OR | X \$ = | |
| | | ENT CLAIM PRESE | чт <i>(</i> | 37 CFR 1.16(d)) | | | +; = | | OR | | |
| | | | | | | l | | 2454 | _ | +1 | |
| . 11 (| ne dilicience m | column 1 is less th | an 1010, e | nter "0" In column | 2. | | 101AL | 000 | GR | TOTAL | |
| | C | LAIMS AS AM | ENDED | - PART II | | | | | | | |
| 1 | -29-04 | (Column 1) | | (Column 2) | (Column 3) | | SMALL E | ENTITY | OR | OTHEF SMALL | THAN FNTITY |
| NT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total (37 OFR 1.16(c)) | 20 | Minus | " 20 | ٠ | | X \$= | | OR | X \$= | , , , , |
| EN | Independent (37 CFR 1.16(b)) | . 3 | Minus | 3 | | | X \$= | | OR | X \$ = | |
| AN | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | +5 = | | OR | +; = | 1 |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 OFR 1 16(c)) | • | Minus | •• | E | | X \$ | | OR | x \$ = ' | |
| EN | Independent (37 OFR 1.16(b)) | • | Minus | ••• | = | | x \$ = | | OR | x \$. = | |
| AM | FIRST PRESENT | ATION OF MULTIPLE | E DEPENDI | ENT CLAIM (37 CF | R 1.16(d)) | | +5 = | | OR | + 5 = | |
| | | | | | | 1 | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | · | , | | · | |
| ENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Σ | Total | • | Minus | •• | = | | | | | | |

| NON | (37 CFR 1.16(c)) | ļ | Militas | | - | | | | | | |
|-----|---|---|---------|-----|---|--|--|--|--|--|--|
| ш | Independent (37 CFR 1,16(b)) | • | Minus | ••• | = | | | | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | | | | |
| | | | | | | | | | | | |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the entry in column 1 is less than the entry in column 2, while viril column 3.

If the "Highest Number Previously Paid For' IN THIS SPACE Is less than 20, enter "20".

If the "Highest Number Previously Paid For' IN THIS SPACE Is less than 3, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) Is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

OR OR

OR

TOTAL

ADD'L FEE